

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
0980C397	03-09-01
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	3					
TOTAL DEP.	1					
TOTAL CLAIMS	4					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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IND.	DEP.	IND.	DEP.	IND.	DEP.
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100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					

CLAIMS ONLY

SERIAL NO.

2317

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
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TOTAL IND.	3		3			
TOTAL DEP.	1		25			
TOTAL CLAIMS	4		28			

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						